

GRAND ISLAND

FIVE-YEAR HOUSING ACTION PLAN

PROJECT #2

EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS

Prepared for:

***NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT***

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**With Assistance From The Grand Island, Hastings
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GRAND ISLAND, NEBRASKA
FIVE-YEAR HOUSING ACTION PLAN
***EXTREMELY LOW INCOME PERSONS WITH A
SERIOUS MENTAL ILLNESS***

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SECTION 1
INTRODUCTION -
PURPOSE & PROCESS

SECTION 1

INTRODUCTION - PURPOSE & PROCESS

THE PURPOSE- FIVE-YEAR HOUSING ACTION PLAN

This **Five-Year Housing Action Plan** allows the Nebraska Department of Health and Human Services (NHHS) and Economic Development (NDED) to address planning issues related to the provision of ***safe and affordable housing for persons with a Serious Mental Illness (SMI) with extremely low incomes***, residing in the counties associated with the "**Primary**" community of **Grand Island, Nebraska**, as identified in the Statewide Consumer Housing Need Study, completed for NHHS and NDED, in September, 2003. This SMI housing action planning process examines and identifies the most appropriate housing types, for a targeted 142 persons with SMI, for a five-year period 2003 to 2008, as presented in the Statewide Consumer Study. This SMI Housing Action Plan is intended to be approved, by consensus, by pertinent, interested groups and individuals involved in the Grand Island SMI housing market area, including the Region III Behavioral Health Services Governing Board, local officials, consumers and services providers.

THE PROCESS- FIVE-YEAR HOUSING ACTION PLAN

NHHS retained the services of Hanna:Keelan Associates, P.C., Lincoln, Nebraska, to prepare the Grand Island, Five-Year Housing Action Plan, for persons with SMI. Hanna:Keelan was assisted by the **Grand Island, Hastings and Kearney Community Team**, comprised of representatives of federal, state and local leadership and housing funders and families, groups and individuals representing persons with SMI. The Action Plan was completed during the period of October, 2003 to July, 2004.

Hanna:Keelan was directed to study, analyze and determine the appropriate current and future affordable housing needs of persons with SMI, who are extremely low income, in the community of Grand Island, Nebraska.

*process,
continued.....*

The Grand Island SMI housing planning process included both a ***"qualitative" and "quantitative" research program***, in an effort to identify the types, number and location of **respite care/emergency shelter beds, group residential beds, residential units**, and housing programs, most appropriate, to enhance the quality of life for income qualified persons with SMI. Emphasis was placed on meeting the identified need for additional permanent housing with supportive services for persons who are extremely low income, with SMI issues.

*qualitative
process.....*

The ***qualitative research program*** included valuable input from the Region III Community Team. The Team met on four occasions, to discuss and assess the housing and services needs of persons with SMI.

*quantitative
process.....*

The ***quantitative research program*** included utilizing statistical data available in the Statewide Consumer Study. This data was obtained via the U.S. Census, CHAS Tables and the Nebraska Mental Health Estimation Project, prepared by the Western Interstate Commission for Higher Education, with the assistance of Charles Holzer and Associates, University of Texas Medical Branch. The projection of data was completed by Hanna:Keelan, utilizing standard formats for trends/projections analysis. Provider and consumer surveys, as well as provider and consumer focus group meetings, conducted for the Statewide Consumer Study, provided qualitative information which was utilized in finalizing the trend/projection analysis.

SMI Defined

For purpose of this SMI Housing Action Plan, the following definitions for persons with SMI were utilized. *(1) Persons 18+years of age, (2) who currently have, or have at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions).*

***SMI defined,
continued.....***

This includes mental disorders such as schizophrenia (295), mood disorders, including bipolar and major depression (296), delusional disorder (297.1), shared psychotic disorder (297.3), brief psychotic disorder (298.8), and psychotic disorder NOS (298.9). Excluded are DSM-VI "V" codes, substance use disorders, and developmental disorders, unless they occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment (i.e. basic daily living skills, instrumental living skills, functioning in social, family and vocational/educational contexts), which substantially interferes with or limits one or more major life activities. Note: Subsets of SMI include persons with a severe and persistent mental illness and persons disabled by severe and persistent mental illness.

**Statement of
Conditions**

Grand Island, Nebraska, located along Interstate 80 in Central Nebraska, is the fourth largest community in the State, with an estimated 2004 population of 43,300.

In 2000, Grand Island had an estimated 17,421 housing units, with 7 percent, or 981 units vacant, of which 49 percent, or 481 were rental units. In 2004, an estimated 37.8 percent of the households are renters.

REVIEW OF STATEWIDE FINDINGS/ CONCLUSIONS

The **Statewide Consumer Housing Need Study** documented a five-year forecast of affordable housing needs of extremely low income persons with SMI. The Study predicted an **estimated 71,763 persons with SMI**, 19+ years of age, will reside in Nebraska by 2008. This will equal an estimated 5.5 percent of the total 19+ years of age population in the State. An estimated 88 percent of the **71,763 persons with SMI will reside in a household** (non-institutionalized/non-hospitalized) or be homeless.

Extremely low income SMI.....

The **Statewide Study** concentrated on adults with SMI, residing in a household or homeless, at 50 percent of the Area Median Income (AMI) or less, for ages 19 to 21 years, and 30 percent of AMI or less for 22+ years of age adults. **An estimated total of 17,030 SMI adults (3,788, 19 to 21 years and 13,242, 22+ years) will be within these income categories, by 2008.**

SMI with cost burden housing problems.....

An estimated 75 percent of the SMI adults, within the designated AMI categories, will experience cost burden/housing problems. This total is **12,763 SMI adults**; an estimated 2,698 at 19 to 21 years and 10,065 at 22+ years of age.

Target SMI Housing Need.....

A **target SMI housing** need was identified in the Statewide Consumer Housing Need Study, which included **3,926 bed/units**, by 2008 an estimated 31 percent of the total estimated income eligible SMI adults (12,763) having cost burden/housing problems. The Study also identified three specific housing types; crisis/respite care- emergency shelter, group residential and residential units.

**Target Housing
Types.....**

The Statewide Consumer Housing Need Study identified the following ***target housing types for persons with SMI.***

- ⇒ **Crisis/Respite Care Emergency Shelter** is a broad category which includes housing designed to provide temporary shelter and services to individuals with a serious mental illness, including homeless individuals. This includes respite care beds, meant to provide temporary, specialized care in an crisis situation or in the absence of a primary care giver, with services provided on a planned or unscheduled basis due to crisis or other events which arise. This category also includes emergency shelter beds for homeless individuals with a serious mental illness.

- ⇒ **Group Residential Programs** are facility-based, non-hospital or nursing facility programs for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community and provide skill building in community living skills, daily living skills, self medication management and other related psychiatric rehabilitation services as needed to meet individual consumer needs. A group residential facility involves living with a group of people with 24 hour staff.

- ⇒ **Residential Units** include independent living units, such as apartments or single room occupancy housing. Staff is not located on site, however community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community and social integration.

***Mental Health
Services.....***

The Statewide Consumer Study identified ***mental health services***, in addition to housing needs for persons with SMI. The following definitions and estimated costs apply to these services.

Mental Health Rehabilitation/Support/Recovery-

The estimated annual cost for Mental Health Rehabilitation/Support/Recovery utilizes an estimated average baseline cost of \$11,000 per unit/bed-occupant, per year. This would include costs associated with mental health rehabilitation and support services designed to promote recovery, such as day rehabilitation, community support, residential rehabilitation, Assertive Community Treatment (ACT), vocational support and related services.

- Occupants of crisis/respice care/emergency shelter beds would require an estimate average annual cost of \$12,700, per occupant, for mental health rehabilitation/supply/recovery services. Emergency shelter beds at \$6,000 per unit and Crisis/Respice Care Beds at \$39,500 per bed.
- Occupants of group residential beds would require an estimated average annual cost of \$36,000.
- Occupants of residential units would require an average annual cost of \$3,000.

Medical Treatment For SMI- The estimated annual cost for Medical Treatment for the Seriously Mentally Ill includes costs associated with medication expenses. An estimated average of \$5,800 per unit/bed-occupant, per year, was established; an estimated \$3,500 for the 19 to 21 years of age group and an estimated \$5,850 for the 22+ years of age group. All or part of the expenses for medical treatment services expenses may already be covered for a portion of the targeted population, by Medicaid or Medicare.

The definition and estimated costs for the identified target housing types and mental health services apply to all 34 "Primary" communities, in the State of Nebraska, including Grand Island, Nebraska.

REGION III SMI HOUSING NEED

The Statewide Consumer Housing Need Study identified a five-year SMI housing need of **515 units/beds**, to be situated in the following Region III "Primary" communities; Grand Island, Hastings, Kearney, Holdrege, Aurora, Broken Bow and Ord. These seven communities are slated to provide housing for the SMI population in all of the 22 counties served by Region III. The City of Grand Island was identified as a "**Primary**" community to provide **142 units/beds**, to serve the SMI consumers residing in Hall and Howard Counties.

SMI Housing & Economics- Grand Island

By 2008, an estimated **46,186** residents, residing in Hall and Howard Counties represented by the Community of Grand Island, will be **19+ year of age**. An estimated **2,529** of this population will be diagnosed with a **serious mental illness**. An estimated 88 percent of this group, or **2,226**; **will reside in a household, or be homeless, or without permanent housing**.

Of the estimated 2,226, 19+ years of age, SMI residents, living in Hall and Howard Counties represented by Grand Island, an estimated 26.9 percent, or **599 residents**, will meet the **extremely low - to low income** criteria, established in the Statewide Consumer Housing Need Study. An estimated 75 percent of this group, or **449**, will be **cost burdened, and/or have housing problems**.

Of the **449 SMI Residents** identified as the group most needing affordable housing, a total of **142 units/beds** have been **targeted** to meet an estimated 31.6 percent of this need.

- A. **By 2008, Hall and Howard Counties (Estimated) Population - 46,186, 19+ Years of Age**
- B. **Total SMI, 19+ Years of Age - 2,245 (5.5% (A))**
 - 19-21 Years of Age - 284
 - 22+ Years of Age - 2,245

*housing
economics,
continued.....*

- C. Total SMI, in Households, 19+ Years of Age - 2,226 (88.0% (B))**
 - 19-21 Years of Age - 246
 - 22+ Years of Age - 1,980
- D. Total SMI, in Households, AMI - 599 (26.9%(C))**
 - 19-21 Years of Age, 0% - 50% AMI - 130
 - 22+ Years of Age, 0% - 30% AMI - 469
- E. Total SMI, 19+ Years, in Households, AMI, Cost Burdened/Housing Problem (CB/HP) - 438 (75.0% (D))**
 - 19-21 Years of Age, 0% - 50% AMI-CB/HP - 94
 - 22+ Years of Age, 0% - 30% AMI-CB/HP - 355
- F. Total SMI Targeted Household Need - 142 (31.6% (E))**
 - 19-21 Years of Age, 0%- 50% AMI-CB/HP - 37
 - 22+ Years of Age, 0% - 30% AMI-CB/HP- 105

*Targeted Group/
Housing Type.....*

A total of 37 units/beds have been identified for the 19-21 years of age SMI population group, for Grand Island, by 2008. This would include three housing types; crisis/respice care- emergency shelter beds, group residential and residential units. The 22+ years of age SMI group will require 105 units/beds, by 2008, in Grand Island, with residential units being the most needed type of housing, 79 units.

TARGETED GROUP/HOUSING TYPE

- **19-21 Year (0% - 50% AMI)**
 - Crisis/Respice Care/Emergency Shelter Beds - 4
 - Group Residential Beds - 12
 - Residential Units - 21
 - Subtotal 37
- **22+ Years (0% - 30% AMI)**
 - Crisis/Respice Care/Emergency Shelter Beds - 8
 - Group Residential Beds - 18
 - Residential Units - 79
 - Subtotal 105
- **TOTAL (UNITS/BEDS) - 142**

***Estimated Costs-
Housing and
Services.....***

The following identifies the estimated cost to both construct and operate the 142 SMI beds/units in Grand Island, and the estimated costs associated with providing both mental health services and medical treatment to this group of consumers.

Target Household Need - Capacity Building, Land Requirements, Development Costs, Operating Expenses - Grand Island

1. Housing Capacity Building Costs.....\$9,000
2. Est. Land Requirements..... 17.35 acres
3. Est. Development Costs.....\$11,092,000
4. Est. Annual Operating Expenses.....\$775,800

Target Household Need - Mental Health Services and Medical Costs - Grand Island

5. Est. Annual Cost - Mental Health
Rehabilitation/Support/Recovery...\$1,570,272
6. Est. Annual Cost - Medical Treatment
For SMI..... \$743,750

Grand Island is located less than 30 miles from the Hastings Regional Center. Due to the passage of LB 1083, this Regional Center will eventually be closed. The Hastings Regional Center has 93 beds. The closing of Regional Center should impact the SMI housing need in Grand Island.

**GRAND ISLAND
AFFORDABLE
HOUSING SUPPLY**

The Community of Grand Island has an excellent supply of modern, affordable housing for persons and families of low- to moderate income. The majority of these affordable housing programs are funded by HUD and the Low Income Housing Tax Credit Program. Grand Island has an estimated 879 units of affordable housing, in 14 separate housing programs, funded by these governmental groups/programs, with estimated sustained occupancy rates of between 97 and 100 percent.

***affordable housing
supply,
continued.....***

Riverbend Apartments, a new 160 unit affordable family rental program, financed by the Nebraska Investment Finance Authority, is still in the process of being constructed. The program will have an estimated 75 percent of its units as affordable housing.

The Hall County Housing Authority receives an annual allotment of 413 Section 8 Vouchers, to be used at other rental facilities. Demand for these Vouchers is extremely high, where the waiting list currently contains 100+ people, with a typical waiting period of one year.

Affordable housing for persons with SMI, in Grand Island, includes the following:

Residential Units:

- ♦ Central Nebraska Goodwill Industries I-8 Units
- ♦ Central Nebraska Goodwill Industries II-10 Units (Fall, 2004 construction start)
- ♦ Great Plains Independent Housing - 8 Units

Tenants at the above referenced housing programs are limited to paying 30 percent of their income for rent and related housing expenses.

Group Residential:

- ♦ Precious Times Assisted Living - 18 Beds
- ♦ Adult Family Homes - 15 to 20, One to Two Persons per Home
- ♦ Chris' Home – 3 Beds

Crisis/Respite Care/Emergency Shelter:

- ♦ None

The Great Plains Chapter of the Paralyzed Veterans own and operates a 10 unit HUD facility for persons with a mobility disability.

Mosaic own and operates two affordable housing facilities for persons with a development disability, four units each.

***local housing
costs.....***

Perhaps the primary indicator of housing costs, in a community, for persons/families at 50 percent of the area median income or less, are the current Fair Market Rents (FMRs) provided by HUD and administered by local Housing Authorities. The following table identifies the current FMRs for the respective Counties for the eight communities for which Five-Year Action Plans were completed, as Project #2 of SMI Housing Needs Assessment. Tenants utilizing rental assistance programs associated with FMRs would pay no more than 30 percent of their income for rent and utilities. The difference between what the tenant can pay, at 30 percent of their incomes, and the allowable FMR is covered by rental assistance.

FAIR MARKET RENTS AT 30 PERCENT OF INCOME					
<u>County</u>	<u>Efficiency</u>	<u>1-Bedroom</u>	<u>2-Bedroom</u>	<u>3-Bedroom</u>	<u>4-Bedroom</u>
Hall: (Grand Island)	\$304	\$400	\$533	\$701	\$786
Adams: (Hastings)	\$264	\$354	\$467	\$586	\$701
Buffalo: (Kearney)	\$273	\$395	\$495	\$617	\$747
Madison: (Norfolk)	\$259	\$341	\$451	\$584	\$712
Platte: (Columbus)	\$253	\$326	\$416	\$580	\$605
Wayne: (Wayne)	\$289	\$326	\$416	\$532	\$630
Lancaster: (Lincoln)	\$337	\$431	\$569	\$755	\$882
Douglas: (Omaha)	\$362	\$496	\$626	\$821	\$922
Source: www.huduser.org , 2004					

SECTION 2
GRAND ISLAND COMMUNITY
PARTICIPATION PROCESS

SECTION 2

GRAND ISLAND COMMUNITY PARTICIPATION PROCESS

INTRODUCTION

The development of the Grand Island Five-Year Housing Action Plan, for persons with SMI, included the participation of the Grand Island, Hastings and Kearney Community Team. Both consumers and community support workers, associated with persons with SMI, participated in the process. The Community Team was comprised of 33 persons, the majority were professionals representing local government, local housing interests and federal, state and local housing funders.

community team.....

The Community Team met for three, four-hour sessions to discuss affordable housing needs, options and opportunities, in Grand Island, for persons with SMI. The four meeting dates were October 7, 2003, November 4, 2003, and January 6, 2004.

COMMUNITY TEAM INPUT

The following summarizes the Community Team's input regarding SMI housing and services needs in Grand Island, Nebraska.

- All three housing types, respite care/ emergency shelter, group home and residential units, are important to Grand Island's population with SMI;
- Dual Diagnosis is a big issue;
- For independent living situations, there needs to be more money to pay for services (SSI isn't enough);
- Can't find money for the services needed to match housing;
- There is a "not in my neighborhood" feeling in the community, however it is important to be up front with the citizens and inform them that SMI is here and affects people they know;

*community
team input,
continued.....*

- Service providers have quite a few consumers in the 40-60 years of age group, and their need for nursing home may come sooner (Area on Aging);

Needed Housing:

- Perhaps more Adult Family Homes/Adult Foster Homes - families can take in up to three adults and care for them, much like a foster care situation;
- For a shelter situation, need available staff that is trained to help both SMI and dual diagnosis, and also need a shelter that is large enough to separate from one another (sections);
- Need housing that will encompass everyone - transitional;
- Short term housing should be a stay of one month or more, not one or two days;
- Need housing/shelters that will address SMI needs specifically;
- Emergency Protective Custody (EPC) situations, are very expensive and it would be beneficial if a shelter existed that could take in these people;
- Need housing that is near services and transportation routes;

Current Housing Supply:

- Providers have difficulty finding a place for consumers, even in the shelters;
- Often, consumers in need of a shelter situation are sent to Crossroads in Hastings, but then Grand Island providers can't work with those consumers;
- There are two private providers in Central City (Merrick County) with assisted living type facilities, and Precious Times in Grand Island;

*community
team input,
continued.....*

- Need housing that is near services and transportation routes;
- A Village Model will work in many cases, but many consumers prefer to be integrated into the community (scattered site) - a scattered site project, however, would require time as far as services and medication distribution;
- Need more Section 8 rental assistance (although this is for independent living only);
- Need single family homes, emergency shelter, assisted living, Adult Family Homes and apartments;
- Need adequate staff and wrap-around services and more quality psychiatrists;
- Need more collaboration between groups, professional organizations, counselors, etc.

PRIORITIES

- **Adult foster housing for persons with SMI;**
- **Shelter situation for persons with SMI coupled with transitional living units;**
- **Adopt and implement the "Village Model";**
- **Rental Assistance;**
- **Additional landlords working with SMI Community Service Providers;**
- **Group Residential Beds, via the use of unused public building spaces;**
- **Purchase, rehabilitation and rent or sell to families with a member that is SMI;**
- **Scattered site duplexes/four plexes (residential units), with supportive services programs.**

GENERAL THEMES

The following identifies some **General Themes** regarding the overall housing and supportive services needs of the SMI population, in Grand Island, as per the Community Team participation process.

1. Future SMI housing in Grand Island should focus on the development of all three types of housing for persons with SMI units.
2. Funding for SMI treatment and medical services need to match all new housing programs.
3. SMI consumers need to have their own bedroom, be it in a group residential or residential (independent living) units.
4. A special effort should be made to, first, create affordable housing for persons with SMI that are currently inappropriately housed in housing either, or both too expensive or having condition problems.
5. Local housing non-profits, services providers and, as well as for-profits and local government need to cooperate to sponsor new SMI housing developments.
6. Insure that consumers with SMI receive additional employment options, with training. An effort should be made to double the current number of employed consumers in the next five years, local business, government and services providers should all participate in this effort.
7. Transportation should also be a priority, in Grand Island, for persons with SMI. The availability of land, for new housing programs, not in the core area of Grand Island, will dictate having a dependable means of transportation.
8. The community of Grand Island should consider the development of a housing program utilizing the "**Village Concept**"; combining residential living, employment training, transportation and community information.

*general themes,
continued.....*

9. Rental Assistance will be needed to improve overall affordability standing of persons with SMI, in Grand Island.
10. A mix of rental assistance and other available housing funds, ie. Low Income Housing Tax Credits (LIHTCs), to increase the numbers of consumers served.
11. Pursue the securment of the annual HUD 811 funds for SMI housing in Grand Island.
12. Pursue the HUD 202 or HUD 811 programs for older adults with SMI providers in Grand Island.

SECTION 3
FIVE-YEAR SMI HOUSING
ACTION PLAN

SECTION 3

FIVE-YEAR SMI HOUSING ACTION PLAN

INTRODUCTION

The following **Action Plan** details a five-year approach to meeting the housing needs of extremely low income persons with SMI, residing in the two Nebraska counties represented by the "**Primary**" Community of **Grand Island**. The total units proposed exceed the targeted 142 target units/beds, discussed previously in this document. A total of six individual SMI housing programs, if all developed, would accommodate an estimated 100+ consumers.

MATRIX-SMI HOUSING PROGRAM PRIORITIES

The **Matrix** provided in this Action Plan list ***Housing Program Priorities***, as prepared by Hanna:Keelan Associates, with input of the Grand Island, Hastings and Kearney Community Team. Listed in the Matrix are individual housing programs, the purpose, and in some instances the location of the programs, potential coordination and funding sources for each program. Each housing program includes an estimated land requirement and budget for both development and mental health support and medical treatment.

The six proposed SMI Housing Program Priorities are profiled as followed:

1. Transitional Living Facility - for persons with SMI, Grand Island.
2. Affordable Apartments; independent living units for persons with SMI, Grand Island.
3. Crisis/Respite Care/ Emergency Shelter Beds - for persons with SMI, Grand Island.
4. Group Residential Beds - Grand Island.
5. Adult Foster Care Program - St. Paul and Grand Island.

*SMI
housing program
priorities,
continued.....*

6. Senior Housing For Persons with SMI - Grand Island.

**PROPOSED
COORDINATION
of SMI
HOUSING PROGRAM**

This Five-Year SMI Housing Action Plan identifies **several groups/organizations to coordinate** proposed housing programs, in Grand Island, for persons with SMI. **Goodwill Industries, the Adams, Hall, Clay, Nuckolls and Webster Counties Housing Development Corporation, and the Hall County Housing Authority**, along with several local SMI services providers, with affordable housing experience should take a lead role in facilitating development of the SMI housing, based upon their eligibility, and thus, accessibility to all major housing funding sources available.

**FUNDING
of SMI
HOUSING**

Local non-profit groups, such as Goodwill Industries and the Adams, Hall, Clay, Nuckolls and Webster Counties Housing Development Corporation, as well as the Housing Authority are eligible candidates for the HUD Section 202 and 811 programs; two ideal programs to fund special populations.

The Community of Grand Island should, first, designate a local organization, or team of professionals to monitor and insure the implementation of this SMI Housing Action Plan.

Several state and federal programs exist to fund housing for persons with SMI. The HUD Section 202 and 811 programs provide a "capital advance" to construct a housing program and an "operational subsidy" to assist in funding the operational costs of a housing program, for persons with SMI, to an eligible non-profit group.

HOME and Nebraska Affordable Housing Trust Funds provide "gap" financing, to assist in financing housing for special populations. These two programs are administrated by the Nebraska Department of Economic Development (NDED).

*funding
of SMI
housing,
continued.....*

The **Nebraska Low-income Housing Tax Credits Program**, sponsored and administrated by the Nebraska Investment Finance Authority, accepts applications for housing programs to serve special populations. The **Midwest Housing Equity Group** has expressed interest in purchasing the tax credits awarded housing programs for persons with SMI.

The **Community Development Block Grant Program**, also administrated by NDED, is available for housing rehabilitation programs, which could benefit existing housing stock occupied by persons with SMI.

The **Federal Home Loan Bank and FannieMae**, also have funding products capable of total or partial funding of SMI housing program.

Locally, the City of Grand Island should consider the use of **Tax Increment Financing**, to assist in financing land purchases, development costs and public improvements associated with the development of affordable housing for person's with SMI.

COMMUNITY & FUNDING STRATEGIES

The present State Administration has recently spent considerable amounts of both time and resources addressing the needs of persons with SMI. The “Nebraska Behavioral Health Services Act” (LB1083) was passed by the Legislature (Yes-44, No-2, Not Voting-3) and signed into law by Governor Mike Johanns, on April 14, 2004. LB1083 is the Governor’s major proposal to improve the availability and accessiblilty of high-quality community-based services for people impacted by behavioral health issues, including those who have or are at risk for mental illnesses and their families. The Behavioral Health Reform includes the closure of two of the three Nebraska State Psychiatric Hospitals (Hastings and Norfolk Regional Centers) and creates more community-based programs for treating behavioral health disorders (mental health and substance abuse).

***Community
& Funding
Strategies,
continued.....***

The recently completed Statewide Consumer Housing Need Study focused on the need for affordable and appropriate housing for extremely low-income persons with SMI. Project #2, of this SMI housing planning process, addressed, specifically, a Five-Year Action Plan for developing housing for persons with SMI in eight Nebraska communities. These Action Plans, to be successful, will require the implementation of both community, capacity and funding strategies, complementary to the cause of SMI housing. The following should be considered.

funding.....

- Insure the continued set-a-side of the Nebraska Affordable Housing Trust Fund to provide both rental assistance and “gap” financing for the development of SMI housing.
- Other State funding programs, such as HOME Funds, Community Development Block Grant Funds and Low-Income Housing Tax Credits should have an annual set-a-side, specifically, for financing housing for persons with SMI.
- Funding efforts by local Housing Authorities to include a set-a-side for or a priority to persons with SMI.

***community
strategies.....***

- Consider residential and supportive services land availability when conducting community comprehensive planning and zoning.
- Consider available local Community Development Block Grant reuse funds to assist in financing the development of SMI housing.
- Utilize tax increment financing in the development of housing for persons with SMI.
- Utilize a “community team” approach, comprised of individuals from all sectors of the community in the planning and development of both supportive services and housing for persons with SMI.

***capacity
building.....***

- Strive to build the capacity of local and regional groups to understand and participate in developing housing for persons with SMI. This would include, but not be limited to private developers, housing authorities, community Housing Development Organizations, Community Development Corporations and Economic Development Districts, as well as local SMI service providers, including church organizations.